

DOCUMENT RESUME

ED 227 397

CG 016 529

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TITLE The Presentation of Loneliness as a Separate Diagnostic Category and Its Disentanglement from Depression.
PUB DATE Aug 82
NOTE 10p.; Paper presented at the Annual Convention of the American Psychological Association (90th, Washington, DC, August 23-27, 1982).
PUB TYPE Information Analyses (070) -- Reference Materials - Bibliographies (131) -- Speeches/Conference Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Depression (Psychology); Developmental Stages; Emotional Development; Group Therapy; *Loneliness; Parent Child Relationship; Personality Traits; Psychiatry; *Psychological Evaluation; Social Isolation; State of the Art Reviews

ABSTRACT

Loneliness, one of our least satisfactorily conceptualized phenomena, has been relegated to philosophy and sociology, and when confronted in the therapy session, has been subsumed under depression and treated as if it were depression. However, loneliness is a separate entity with unique characteristics that need to be identified and treated appropriately. Loneliness is a state in which one feels incomplete. The primary affect is longing, whereas in depression, the salient affect is anger. Unlike the depressive, the lonely individual reaches out but can never communicate and, consequently, never quell the longing. An understanding of this constellation makes the identification of loneliness as the primary symptom the prerequisite for treatment. (Author)

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THE PRESENTATION OF LONELINESS AS A SEPARATE DIAGNOSTIC
CATEGORY AND ITS DISENTANGLEMENT FROM DEPRESSION.

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ABSTRACT

THE PRESENTATION OF LONELINESS AS A SEPARATE DIAGNOSTIC CATEGORY AND ITS DISENTANGLEMENT FROM DEPRESSION.

Loneliness, one of our least satisfactorily conceptualized phenomena, has been relegated to Philosophy and Sociology, and when confronted in the therapy session, has been subsumed under depression and treated as if it were depression.

However, loneliness is a separate entity with unique characteristics that need to be identified and treated appropriately.

Loneliness is a state in which one feels incomplete. The primary affect is longing, whereas in depression, the salient affect is anger. Unlike the depressive, the lonely individual reaches out but can never communicate and consequently, never quell the longing.

An understanding of this constellation makes the identification of loneliness as the primary symptom the prerequisite for treatment.

A review of the literature on loneliness reveals an invariant sequence. Firstly, there is the lament on the paucity of research. Then, the insinuation, citing Menninger (1959) that this silence is due to the fact that loneliness is the psychiatrist's particular problem. Not until 1966, did psychologists publicly acknowledge the existence of loneliness as an area for psychological discussion.

Loneliness is such a painful frightening experience that people will do practically anything to avoid it. Freida Fromm-Reichmann (1959) suggested that a characteristic of loneliness was its capacity to arouse anxiety and a fear of contamination that induced people, and particularly psychiatrists, to refer to the condition euphemistically as "depression". Indeed, the scientific community has been all too willing to consider loneliness as a social or philosophical problem rather than a psychological issue. Vello Sermat's (1970) stipulation that there is little reason to view loneliness as a stable personality trait reflects a majority position. Consequently, there has been scant recognition and minimal clarification of the subject. Loneliness, is perhaps our least satisfactorily conceptualized psychological phenomena. Unrecognized as an illness, it has been subsumed under withdrawal, grieving, anomie, voluntary solitude, isolation, ostracism, nostalgia, homesickness, alienation and depression.

The universality of the human experience of loneliness has further obscured its fundamental importance in clinical literature. Because we all experience loneliness at some time, the significance of loneliness as a personality constellation has been overlooked. Indeed, it has been viewed either as a consequence of a situational loss or it has been seen existentially as the universal condition of man who is intrinsically alone and irredeemably lost (Mijuskovic, 1977). The essential fallacy of these positions is that loneliness is viewed as an inevitable and natural state and not a pathological condition. The concepts of social loneliness and cosmic loneliness

have distracted clinicians from the formulation of a diagnostic category for the chronically and pathologically lonely.

Early theoreticians recognized loneliness as a fundamental aspect in mental disease. Von Witzleben (1958) distinguished between primary or schizophrenic loneliness which was independent of the loss of an object and related to the feeling of being alone and helpless in the world, and secondary or depressive loneliness which related to the loss of an object in the real world.

Freida FrommReichmann(1959) considered real loneliness to be a serious mental state akin to panic. She elaborated that one could not endure such a state for any length of time without becoming psychotic. She suggested that the experience of a loss of reality could be understood as an expression of profound loneliness.

But these formulations never crystalized into a cohesive diagnostic category and loneliness never attained a clinical identity. Most frequently, loneliness is subsumed under depression. This is facilitated by the fact that loneliness frequently accompaines depression, and as such is readily confused with depressive affect. The merging of these conditions has resulted in a treatment plan for loneliness that is appropriate for depression. Pathological, or what I call ~~psy~~ychological loneliness, is a separate syndrome with different physical manifestations, different affect and with a stability of its own that is recalcitrant to environmental events and as such requires identification and appropriate treatment.

Depression is a well studied phenomena incorporating Abraham's (1924) concept of repressed hostility, Freud's (1917) concept of object loss and Bebring's (1953) formulation of loss of self-esteem. Though classified as a mood disorder, there are characteristic cognitive factors (such as negative view of self, negative view of the world and negative view for the future) (Beck, 1967).

Depression involves psychomotor retardation and withdrawal symptoms. It is self-limiting (Klerman & Barret, 1973) and recovery is possible with no intervention other than the elapse of time.

Pathological or psychological loneliness, on the other hand, is not a regression from a happier situation; it is not a consequence of an object loss; it does not follow a loss of self-esteem, and there is a conspicuous absence of overt hostility. Furthermore, there is no psychomotor retardation, no withdrawal and no spontaneous recovery.

Pathological or psychological loneliness is an affective state in which the individual is aware of the feeling of being apart from others and feels an unrelenting need for another person. The absence of interpersonal relationships exists with the abandonment of the hope of ever attaining any intimacy. Loneliness can be diminished or increased by external factors, but it can never be completely eliminated. It is a lingering emptiness that corrodes well being and is a constant reminder that something essential is missing in one's personal life. The experience is of deprivation and this deprivation is perceived as the inability to communicate one's need to another being. This includes the sharing of joyous feelings as well as pain.

Loneliness has an unpleasant connotation (Rubins, 1964) in contrast to solitude in which the individual may be alone physically but does not experience the painful aspects of loneliness. Loneliness appears as a sense of incompleteness, a yearning for another person. Its presence does not depend on the the loss of real objects as much as on the longing for them. Leiderman (1980) suggests that disconnectedness and longing are two necessary conditions for loneliness. Disconnectedness derives from abandonment exile or victimization; and longing describes the painful, vague

yearning for someone or something. Leiderman elaborated that the unresolved disconnectedness from past relationships perpetuates the failure of satisfy the longings of the present.

Harry Stack Sullivan (1940) postulated that loneliness emerged in the preadolescent era if a chum relationship were not achieved. While it is no doubt true that without the formation of a peer relationship at this stage, acute loneliness is experienced, however, the origins of loneliness are perhaps better explained by the psychodynamic theory of Leiderman (1980) which states that loneliness occurs when there is inadequate separation of self and object in infancy. When the infant begins the process of individuating under premature or precarious conditions, the loss of the primary object (the mothering one) is experienced as a feeling of incompleteness. The yearning for someone or something to make one whole again becomes a stable personality factor. This longing is a major component of loneliness. The frequent association of loneliness with depressive affect can be explained by the fact that the self-object differentiation often occurs in the context of inadequate mothering, producing anger as well as longing. In order for self-object differentiation to occur without the rise of pathology, there must be repeated situations in which the infant's need for the mother is gratified. Only then, can the child form an intrapsychic object representation out of the mother and develop a sense of his own completeness. When the individuals in the infant's environment are not available or consistent, the task of self-differentiation becomes arrested and the loss of the object from which one is not differentiated produced a feeling of incompleteness.

In this context, loneliness is viewed as a developmental arrest. Individuals become fixated at this point of ego development and from there on, their personality structures reflect a

particular constellation. The affect of the ensuing loneliness is more related to affectional and nurturing needs whereas depression is more related to aggressive components.

Since self-object differentiation takes place over a considerable period of time, there is significant variation in the clinical manifestations of loneliness. The amount of loneliness experienced will be equal to the degree of successful differentiation achieved before the arrest of development. So that when the self-object differentiation is least developed, as occurs in schizophrenia, loneliness will appear in its most virulent form and will be only marginally present in a normally developing individual.

The death or loss of a love object replicates the reaction to the original separation and the pain of the new loss merges with the old sense of incompleteness and produces acute loneliness. The degree of loneliness resulting from the actual loss of an object is more related to the level of ego development attained at this stage of individuation than to the subsequent environmental reality.

I propose that any individual who feels "incomplete" or "unfulfilled" or who longs for a mate or a country or an identity, who views solitude as painful and holds no expectation that intimacy needs will ever be met and yet who manifests no hostility, is an individual whose personality constellation is lonely.

Therapy for these individuals requires a different tactic than that for depression. For one thing, no medication is required. Under the psychoanalytic model, self-object differentiation is indicated. This can be achieved through analysis or better still group therapy, which would provide the multiple contacts with peers which would facilitate the desired self-object differentiation.

Freida Fromm-Reichmann(1959) stated that the therapy for the lonely could be reduced to two statements, "I know" and "I am here". If

this is true, the criticalness of identifying loneliness as the predominant symptom is imperative. Indeed, labeling a patient's affect as lonely rather than depressed usually produces feelings of relief, tears, and sighs which signify that finally someone understands. The communication of loneliness is finally heard. The unmentioned, omnipresent feeling which distanced the individual is brought out of the shadows into the comfort of the therapeutic hour. This essentially is the treatment, quite simple, yet impossible unless loneliness is acknowledged by the therapist.

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